

Presentation Checklist

Session Title		Date	
Organization Name		Time	
Contact Name		Phone	
Contact Email		Contact Cell	
Address		Set-up Time	
Room Number			
On-Site Parking			
Equipment Requirements		On Location	Presenter Provided
Presenter Computer			
Participant Computers			
Projector or Flat Panel Monitor			
Screen			
Extension Cords			
Power Strips			
Camera for Recording			
Duct Tape for Taping Cords to Floor			
Illinois workNet Banners			
Flash Drive with Meeting Materials and Presentation			
Printed Materials for Participants			
Internet Access			
Access in Presentation Room		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is a Password required?			
Packets			
Number of Participants			
Any special accommodations required?			
NOTES:			

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